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PTO/SB/56 (02-01)
Approved for use through 01/31/2004. OMB 0651-0038
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) ATM-247			
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Small Entity Fee	Other than a Small Entity Rate	Other than a Small Entity Fee	
(A) 17	Total Claims (37 CFR 1.16(j))	(B) 17	**** 0 =	x \$ _____ =		or	x \$ _____ =	
(C) 4	Independent claims (37 CFR 1.16(i))	(D) 4	. 1 =	x \$ _____ =			x \$ 42 =	\$ 42
Basic Fee (37 CFR 1.16(h))					\$ _____			\$ 750
Total Filing Fee					\$ _____		OR	\$ 792
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate	Small Entity Fee	Other than a Small Entity Rate	Other than a Small Entity Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$ _____		OR	\$ _____
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>19-0590</u>.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>792.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>June 25, 2003</u> Date</p> <p><u>Thomas Schneck</u> Signature of Applicant, Attorney or Agent of Record</p> <p><u>Thomas Schneck</u> Typed or printed name</p>								

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PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Mail Stop Reissue Washington, DC 20231 Alexandria, VA 22313-1450	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Attorney Docket No.</td> <td style="padding: 2px;">ATM-247</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">Amit S. Kelkar</td> </tr> <tr> <td style="padding: 2px;">Original Patent Number</td> <td style="padding: 2px;">6,489,254</td> </tr> <tr> <td style="padding: 2px;">Original Patent Issue Date (Month/Day/Year)</td> <td style="padding: 2px;">12/03/2002</td> </tr> <tr> <td style="padding: 2px;">Express Mail Label No.</td> <td style="padding: 2px;">EV342173155US</td> </tr> </table>	Attorney Docket No.	ATM-247	First Named Inventor	Amit S. Kelkar	Original Patent Number	6,489,254	Original Patent Issue Date (Month/Day/Year)	12/03/2002	Express Mail Label No.	EV342173155US
Attorney Docket No.	ATM-247										
First Named Inventor	Amit S. Kelkar										
Original Patent Number	6,489,254										
Original Patent Issue Date (Month/Day/Year)	12/03/2002										
Express Mail Label No.	EV342173155US										

APPLICATION FOR REISSUE OF: ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent <i>format (amended, if appropriate)</i> 4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. § 1.175) (PTO/SB/51 or 52)</i> 6. <input type="checkbox"/> Power of Attorney 7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all of the following are necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). 11. <input checked="" type="checkbox"/> Original U.S. Patent for surrender <input checked="" type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i> 13. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i> 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 17. Other: <u>Certificate of Mailing</u>

18. CORRESPONDENCE ADDRESS

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Name	Schneck & Schneck		
Address	P.O. Box 2-E		
	Zip Code	95109-0005	
City	San Jose	State	CA
	Fax	(408) 297-9748	
Country	U.S.A.	Telephone	(408) 297-9733

NAME <i>(Print/Type)</i>	Thomas Schneck	Registration No. <i>(Attorney/Agent)</i>	24,518
Signature		Date	06/25/2003

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ATM-247

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